

411054642

**TO:** Shelby County Probate Office  
P.O Box 825  
Columbiana, AL 35051

**NOTICE OF HOSPITAL LIEN**

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that Shelby Baptist Medical Center under the Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1<sup>st</sup> Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Joy Sullivan**  
Address: **P O Box 46**  
**Alabaster, AL 35007**

Admit Date: **September 13, 2013**  
Discharge Date: **September 13, 2013**

Amount Due: **\$ 1,189.00**

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

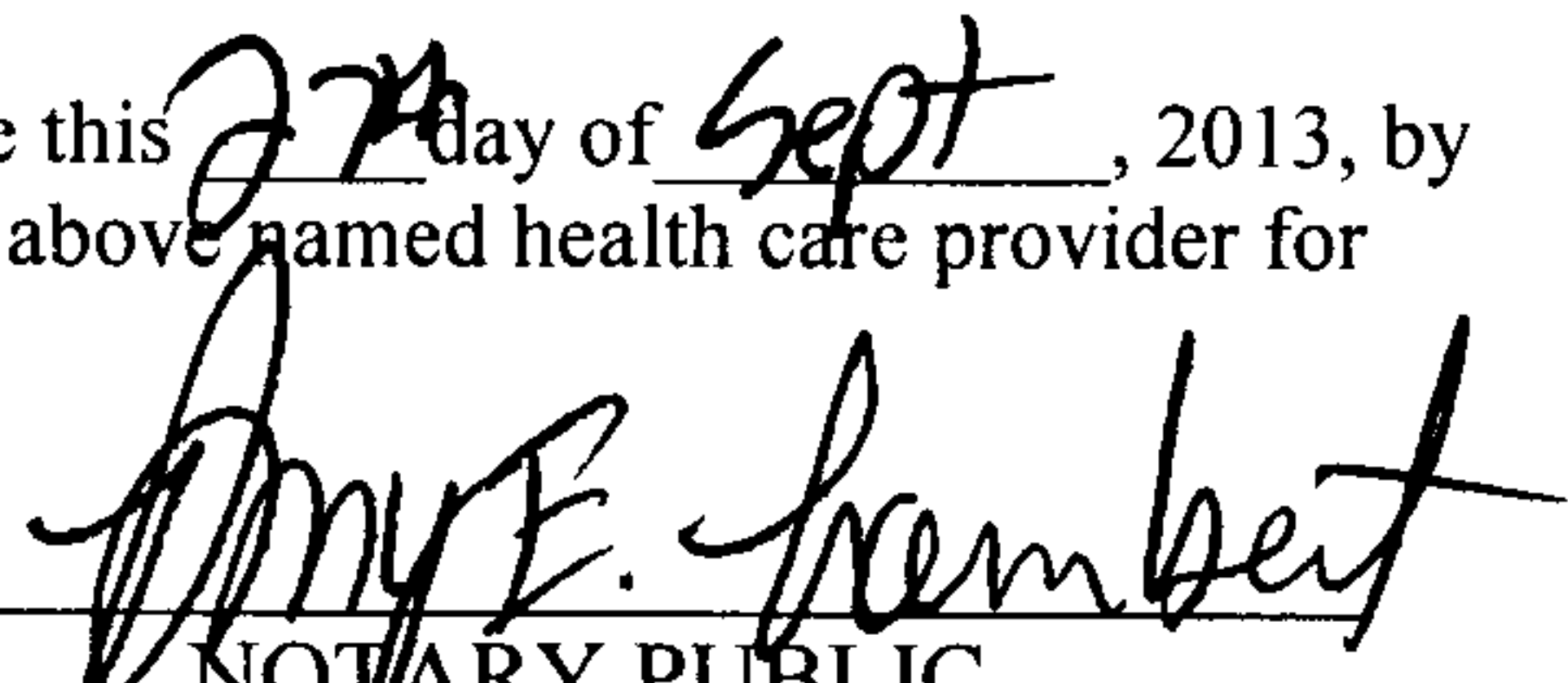
**State Farm**  
**01-338T-082**  
**P O Box 106145**  
**Atlanta, GA 30348**

Prepared By: 

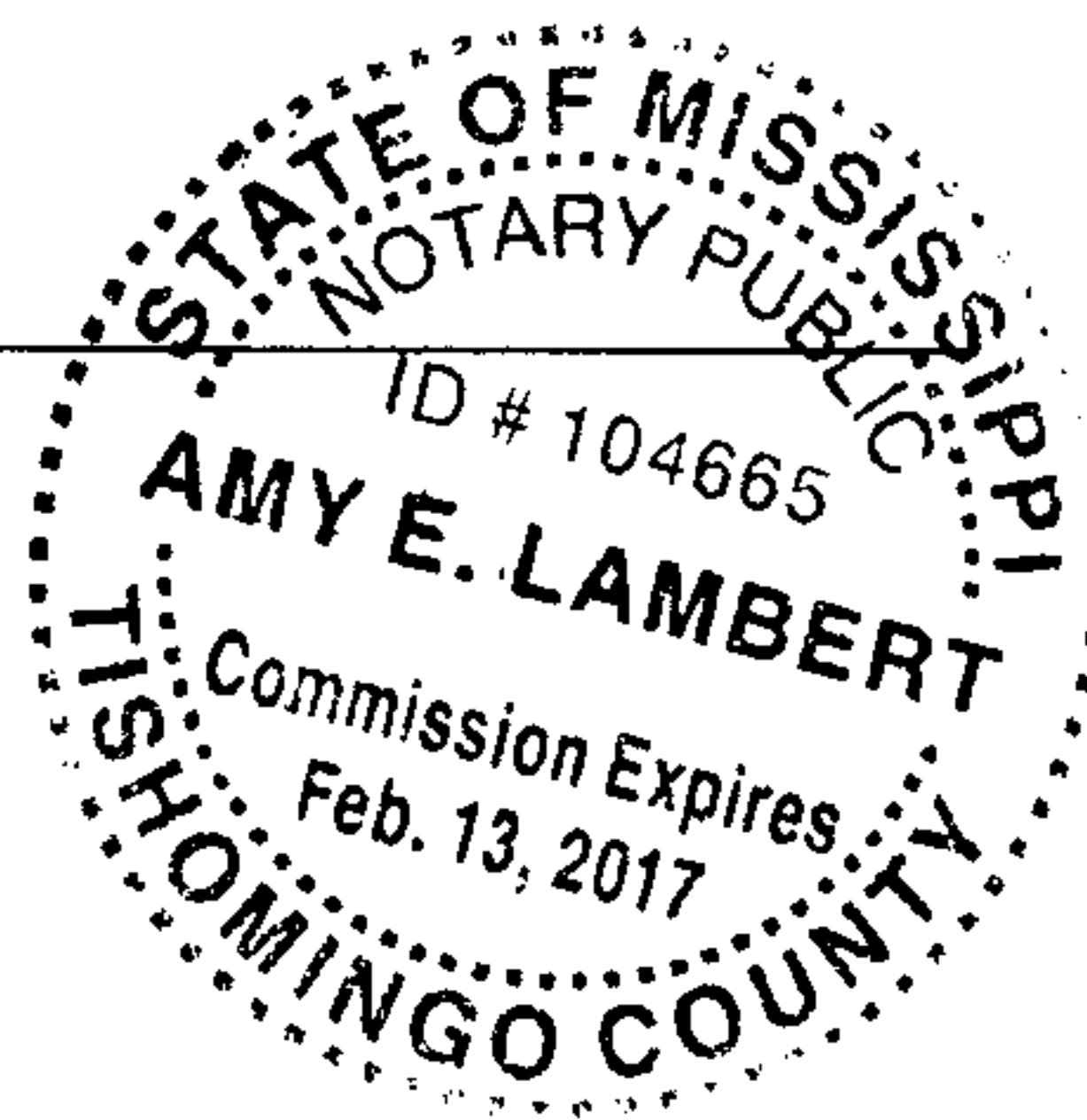
Austin Gray, Authorized Agent


STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 27<sup>th</sup> day of Sept, 2013, by Austin Gray the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



  
20131007000402680 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
10/07/2013 03:30:30 PM FILED/CERT